]	Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003									10/776711					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR, SMALL ENTITY			
TOTAL CLAIMS			16					RATE .FE		.FEE] .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385:00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		• /			XS 9= 19		.9	OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		2			X43= 8%		84.	OR	X86≠		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT		Z			+145=		145	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL		625	OR	TOTAL		
1/2/ CLAIMS AS AMENDED - PART II									•	061		OTHER	THAN	
᠘	PSVVY	(Column 1)		(Column 2) (Co				SMALL ENTITY		OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 9	Minus	2	1		l	X\$ 9=		-	OR	X\$18=		
AME	Independent	1.3	Minus	F	<u>) </u>	-		X43=			OR	X86≖	•	
FIRST PRESENTATION OF MU			ILTIPLE DEPENDENT CLAIM					+145=			OR	+290≃		
								TOTA			OR	TOTAL ADDIT, FEE		
7-20-07 (Column 1) (Column 2) (Column 3)											•			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total ·	. 14	Minus	/		•		X\$ 9=	1	<u>/</u>	OR	X\$18=		
AME	Independent	NTATION OF MU	Minus	ENDENT	5 AIM			X43-			OR	X86=.		
	·	it in the control of the	LUM LL DEF	CIADCIAI			. 12	+145=			OR	+290=		
				_		• • •	A	TOTA DDIT, FE			OR,	TOTAL DDIT, FEE		
		(Column 1)		. (Colum		(Column 3)				•	٠.		·	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER . USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	ės,		•		X\$ 9=	T		OR	X\$18=		
AR .	Independent	•	Minus	***		•		X43=	T		OR	X86=		
	FIRŞT PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM			+145=	t			+290=		
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.											DR L	TOTAL		
	the Highest Nur	nber Pr viously Pai nber Previously Pai ber Previously Paid	Ed For IN THIS	S SPACE is	less that	3, enter "3."		DOIT. FEE	L			DOTT. FEEL		
												•		